



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

September 17, 2007

Bose Ogbeifun  
Trustcare Group Homes Inc.  
7256 Chatham  
Redford, MI 48239

RE: Application #: AS820291080  
Wyandotte AFC Home  
2848 15th St.  
Wyandotte, MI 48192

Dear Ms. Ogbeifun:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (734) 665-4740.

Sincerely,

Vanita C. Bouldin, Licensing Consultant  
Bureau of Children and Adult Licensing  
2121 W. Stadium  
Ann Arbor, MI 48103

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS820291080

**Applicant Name:** Trustcare Group Homes Inc.

**Applicant Address:** 7256 Chatham  
Redford, MI 48239

**Applicant Telephone #:** (313) 213-6723

**Administrator/Licensee Designee:** Bose Ogbeifun, Designee

**Name of Facility:** Wyandotte AFC Home

**Facility Address:** 2848 15th St.  
Wyandotte, MI 48192

**Facility Telephone #:** (313) 213-6723

**Application Date:** 06/18/2007

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODOLOGY

06/18/2007	Enrollment
07/09/2007	Application Incomplete Letter Sent
08/21/2007	Inspection Completed-BFS Sub. Compliance
08/21/2007	Application Incomplete Letter Sent
09/10/2007	Inspection Completed-BFS Full Compliance
09/17/2007	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Plant

Wyandotte AFC home is located in a residential area in Wyandotte, MI. The home is a double story structure with a full basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen, 1 full bathroom and three bedrooms. The second floor of the home consists of 1 bedroom, 1 full bathroom, mini kitchen, small storage room, and furnace room.

The Wyandotte AFC home has two areas where the heat plant and hot water heater are located; one is in the basement and the other is on the upper level of the home. The basement is separated from the rest of the house with fire rated door that is equipped with a self-closing device. The furnace room located on the upper level of the home is enclosed in a room constructed of material which has a 1-hour-fire-resistance rating and a fire rated door equipped with a self-closing device.

The home is equipped with hard-wired interconnected smoke alarm system that was installed by a licensed electrician and is fully operational. The home is in full compliance with fire safety rules.

The home cannot accommodate wheelchairs.

The home has public water and sewer and is in compliance with environmental health rules.

The living room, dining room and bedrooms were measured during the initial inspection and have the following dimensions.

Living room: 12.1 X 13.92 = 168 sq. ft.

Dining room: 13.83 X 12.2 = 169 sq. ft.

## Resident bedrooms

Bedroom 1: 10.2 X 10.1 = 103 sq. ft. ( 1 resident)

Bedroom 2: 10.1 X 9.5 = 96 sq. ft. ( 1 resident)

Bedroom 3: 8.92 X 9.5 = 84 sq. ft. ( 1 resident)

Bedroom 4: 11.58 X 12.1 + 2.58 X 1.92 = 145 sq. ft. ( 2 residents)

The applicant has requested a license for six residents, and based on the above information can accommodate five residents.

## **B. Administration/Program/Resident Care/Records**

### **1. Population to be Served & Admission Criteria**

The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory, male and female adults whose diagnosis is mentally ill or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. A personal behavior support plan will be designed and implemented for each resident's individual needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **2. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

#### **a. Corporation or Limited Liability Company**

The Trustcare Group Homes, Inc. corporation is the applicant. Trustcare is a non profit company registered with the State of Michigan.

The corporate/organizational structure consists of the Chief Executive Officer, the President, Program Managers and Direct Care Staff. The Board of Directors has designated Bose Ogbeifun as the licensee designee/administrator.

### **3. Applicant, Licensee Designee, Administrator-Qualifications, Experience, Competency, Financial Capability & Stability and Good Moral Character**

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant submitted a financial statement, credit report and proposed annual budget. Based on this information, the applicant meets the requirements for financial stability and capability.

### **4. Staffing Plan, Proposed Ratios, Staff Training & Competencies**

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant agrees to maintain a personnel file on each employee that includes documentation of the following minimum training:

A licensing record clearance request was completed with no lien convictions recorded for the applicant or responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant submitted financial information, and based on this information meets the requirements for financial stability and capability.

### **5. Records & Record Keeping**

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-day written discharge notice.

Evacuation and emergency plans are posted in the facility and the applicant is aware that fire drills must be conducted and recorded.

The following resident records were reviewed with the applicant:

- Resident Identification Form
- Resident care Agreement
- Health Care Appraisal
- Medication Record
- Monthly Weight Record
- Assessment Plan
- Funds & Valuables Record Part 1 & 2
- Incident/Accident Report

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant was provided technical assistance on the statutory requirements (Section 400.734b of PA 218) pertaining to the hiring or contracting of persons who provide direct service or have direct access to residents. The applicant has indicated that the requirements and procedures outlined in 400.734b (3) will be utilized as the process to identify criminal history when assessing good moral character.

Technical assistance was provided to the applicant on Act and administrative rule requirements related to home, resident and employee record keeping including the handling and accounting of resident funds.

The applicant is found to be in substantial compliance with the licensing act and applicable administrative rules.

#### IV. RECOMMENDATION

Based on the findings it is recommended that a temporary license be issued. The terms of the license will enable the licensee to operate an adult foster care home for five residents who have been diagnosed with mental illness or developmentally disabled. The term of the license will be for a six-month period effective 09/17/2007.



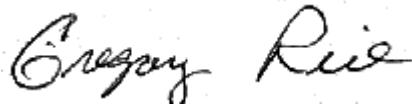
09/17/2007

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Vanita C. Bouldin  
Licensing Consultant

Date

Approved By:



09/17/2007

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Gregory Rice  
Area Manager

Date